## City of Scranton

# Entry Level Police Application

NAME:							
	LAST		FIRST		M	IDDLE	
· · · · · · · · · · · · · · · · · · ·					•		
ADDRESS:	•						
•	STREET AI	DDRESS		· · · · · · · · · · · · · · · · · · ·		-	
·	CITY			COUNTY	STATE	ZIP CODE	

## READ THESE INSTRUCTIONS CAREFULLY PRIOR TO COMPLETING THIS APPLICATION

INSTRUCTIONS: Read each question carefully and answer each question, leaving NO blank spaces. If a question does not apply to you, enter "Not Applicable." The candidate shall personally prepare this application using black or blue permanent ink. All entries, except the signature, must be printed legibly. If space available for answering any question is insufficient, use one of the continuation pages located in the rear of this booklet and precede each answer with the section to which it pertains.

#### PERSONAL DATA

	LAST NAME		FIRST NAME		
	MIDDLE NAM		SUFFIX		
	MIDDLE HAM		SUFFIX		
ALIASES MAI	DEN NAME N	ICKNAME, STEP-PARENTS	R NAME OD ANV OTU	ED NAME VOLUMA	(HA)/E HOED
ALIAOLO-IIIA	DEN NAME, N	IONNAME, STEF-PARENTS	S NAME OF ANT OTH	ER NAME TOU MA	T HAVE USED
<u> </u>	STREET ADDRESS				
	CITY		cour	NTY	
			-		
	STATE		ZIP CODE PLUS F	OUR, IF KNOWN	
			·		
<del></del>	ATE OF BIRT		PLACE O	F BIRTH	
MONTH	DAY	YEAR	CITY		STATE
НО	ME TELEPHO	NE	WORK TELEPH	ONE NUMBER	
AREA CODE		NUMBER	AREA CODE NUMBER		
	CITIZENSHIP				
ARE YOU A CITIZEN OF THE UNITED STATES? YES NO.					
IF NO, PROVIDE ALIEN REGISTRATION NUMBER AND WHERE ISSUED:					
			· · · · · · · · · · · · · · · · · · ·		

#### **SOCIAL STATUS**

SINGLE	MARRIED SEPARA	ATED: DIVORO	ED E
OTHER (EXPLAIN)			
MOTHER, FATHER, B	MBERS OF YOUR IMMEDIATE BROTHERS, SISTERS, MOTHE O RESIDES WITHIN YOUR HO	R-IN-LAW, FATHER-IN-LA	
RELATIONSHIP	NAME	SOCIAL SEC. NUMBER	DATE OF BIRTH
COMPLET	E HOME ADDRESS	HOME TELEPHONE NUMB	ER (AREA CODE)
		·	
	EMPLOYER	WORK TELEPHONE NUMB	SER (AREA CODE)
RELATIONSHIP	NAME	SOCIAL SEC. NUMBER	DATE OF BIRTH
COMPLET	TE HOME ADDRESS	HOME TELEPHONE NUMB	ER (AREA CODE)
	EMPLOYER	WORK TELEPHONE NUME	BER (AREA CODE)
RELATIONSHIP	NAME	SOCIAL SEC. NUMBER	DATE OF BIRTH
COMPLET	TE HOME ADDRESS	HOME TELEPHONE NUMB	JER (AREA CODE)
		•	
	EMPLOYER	WORK TELEPHONE NUME	BER (AREA CODE)

RELATIONSHIP	NAME	SOCIAL SEC. NUMBER	DATE OF BIRTH	
COMPLET	E HOME ADDRESS	HOME TELEPHONE NUMB	ER (AREA CODE)	
			,	
	EMPLOYER	WORK TELEPHONE NUME	BER (AREA CODE)	
RELATIONSHIP	NAME	SOCIAL SEC. NUMBER	DATE OF BIRTH	
COMPLET	TE HOME ADDRESS	HOME TELEPHONE NUMB	BER (AREA CODE)	
			,	
	EMPLOYER	WORK TELEPHONE NUMB	BER (AREA CODE)	
	**************************************			
RELATIONSHIP	NAME	SOCIAL SEC. NUMBER	DATE OF BIRTH	
COMPLE	E HOME ADDRESS	HOME TELEPHONE NUME	BER (AREA CODE)	
	•			
	EMPLOYER	WORK TELEPHONE NUMI	BER (AREA CODE)	
RELATIONSHIP	NAME	SOCIAL SEC. NUMBER	DATE OF BIRTH	
COMPLET	COMPLETE HOME ADDRESS		BER (AREA CODE)	
	EMPLOYER	WORK TELEPHONE NUMBER (AREA CODE)		

RELATIONSHIP	NAME	SOCIAL SEC. NUMBER	DATE OF BIRTH		
•					
COMPLET	COMPLETE HOME ADDRESS		HOME TELEPHONE NUMBER (AREA CODE)		
	EMPLOYER		BER (AREA CODE)		
RELATIONSHIP	NAME	SOCIAL SEC. NUMBER	DATE OF BIRTH		
		OOME SECTION SER	DATE OF BIRTH		
COMPLET	E HOME ADDRESS	HOME TELEPHONE NUMB	ED (AREA CODE)		
		TIONE TELEFTIONE NOME	LR (ARLA CODE)		
	EMPLOYER	WORK TELEPHONE NUME	BER (AREA CODE)		
DELATIONOLUD					
RELATIONSHIP	NAME	SOCIAL SEC. NUMBER	DATE OF BIRTH		
OOMD! C	T HOME ADDRESS				
COMPLE	E HOME ADDRESS	HOME TELEPHONE NUMB	ER (AREA CODE)		
	EMPLOYER	WORK TELEPHONE NUME	BER (AREA CODE)		
RELATIONSHIP	NAME	SOCIAL SEC. NUMBER	DATE OF BIRTH		
COMPLET	E HOME ADDRESS	HOME TELEPHONE NUME	ER (AREA CODE)		
	EMPLOYER	WORK TELEPHONE NUMB	DED (ADEA CODE)		
	milly de W Chall	HOW IELEPHONE NOME	SEN (MNEM CODE)		

## PROVIDE THE INFORMATION BELOW FOR ANY PREVIOUS SPOUSE(S), FIANCE/CO-HABITANT OR CURRENT GIRL/BOYFRIEND.

FORMER SPOUSE:	FIANCE/CO-HABITANT:	CURRENT	BOY/GIRLFRIEND:	NONE:
Name:			Date of Birth:	
Social Security #:			Length of Relationship:	
Home Address:	***************************************		Telephone Number (Are	a Code)
Name of Employer an	d Address .			
Work Telephone Num	ber (Area Code)			
FORMER SPOUSE:	FIANCE/CO-HABITANT:	CURRENT	BOY/GIRLFRIEND:	NONE:
Name:		-	Date of Birth:	
Social Security #:		_	Length of Relationship:	
Home Address:		-	Telephone Number (Are	ea Code)
Name of Employer an	d Address:			
Work Telephone Num	ber (Area Code)			
FORMER SPOUSE:	FIANCE/CO-HABITANT:	CURRENT	F BOY/GIRLFRIEND:	NONE:
Name:		_	Date of Birth:	
Social Security #:		-	Length of Relationship:	
Home Address:		-	Telephone Number (Are	ea Code)
Name of Employer an	nd Address:			
Work Telephone Num	nber (Area Code)			

FORMER SPOUSE:	FIANCE/CO-HABITANT:	CURRENT BOY/GIRLFR	RIEND:	NONE:	
Name:		Date of Birt	h:		
Social Security #:		Length of R	telationship	):	
Home Address:		Telephone l	Number (Ar	rea Code)	
					· · · · · · · · · · · · · · · · · · ·
Name of Employer an	nd Address:				·
Work Telephone Num	nber (Area Code)				
	•				
ARE YOU REQUIRED	TO PAY CHILD SUPPORT?	YES:		NO:	
IF YES, PLEASE EXP	LAIN:		***************************************		
					·
HAVE YOU EVER BE	EN INVOLVED AS A PLANTIFI	OR DEFENDANT IN A	PATERNIT	TY PROCEEDING?	
YES:	NO:		•		
TES.	NO:	•			
IF YES, PLEASE EXP	LAIN:				. <u></u>
<del>                                      </del>					

#### **EDUCATION**

HIGH SCHOOL- LIST ALL HIGH SCHOOLS ATETNDED AND PROVIDE THE REQUIRED INFORMATION.				
DIPLOMA RECEIVED?	YES NO			
IF NO, DO YOU POSSESS A	GED CERTIFICATE? YES	NO		
NAME OF HIGH SCHOOL	COMPLETE ADDRESS	DATES ATTENDED		
LIST THREE INSTRUCTORS	WHO TAUGHT YOU IN CLASS.			
NAME OF INSTRUCTOR	SCHOOL	SUBJECT		
	ALL INSTITUTIONS OF HIGER EDUCATION JIRED INFORMATION.	AND PROVIDE THE		
CREDIT HOURS:	GRADE POINT AVERAGE	GE(CUMULATIVE):		
DEGREE RECEIVED?	YES NO			
MAJOR COURSE OF STUDY				
MINOR COURSE OF STUDY:				
NAME OF INSTITUTION	COMPLETE ADDRESS	DATES ATTENDED		

#### LIST THREE INSTRUCTORS WHO TAUGHT YOU IN CLASS.

Name of instructor	Institution	Subject
		•
TARDINESS, POOR GRADES,	SCHOOL (HIGH SCHOOL AND ( , OTHER DISCIPLINARY ACTIO	COLLEGE), I.E. ABSENTEEISM NS. LIST YEAR AND
CIRCUMSTANCES.	•	•
	NONE	
· · · · · · · · · · · · · · · · · · ·		
ARE YOU RESPONSIBLE FO	R THE REPAYMENT OF STUDE	NT LOANS?
YES	NO	1
123		
		_
IF YES, ARE PAYMENTS BEI	NG MADE TIMELY? YES	NO NO
IE NO EVDI AIN.		
IF NO, EXPLAIN:		

#### **SELECTIVE SERVICE**

ENTER YOUR SELECTIVE SERVICE NUMBER AND THE DATE OF REGISTRATION IN THE SPACE PROVIDED. IF YOU HAVE NOT REGISTERED, OR ARE A FEMALE, PLEASE CHECK "NONE".

SELECTIVE SERVICE N	UMBER		DATE OF REGISTRATION	
NONE				
IF YOU DO NOT KNOW YOUR SERVICE SYSTEM AT (847) 6	SELECTIVE SERVICE 88-2576 TO RECEIVE	E NUMBER, THE INFOR	YOU MAY CONTACT THE SELECTIVE MATION.	
	MILITARY	SERVICE		
HAVE YOU EVER SERVED IN	AN ACTIVE MILITARY	ORGANIZA	ATION OF THE UNITED STATES?	
YES	] NO [			
HAVE YOU EVER SERVED IN GOVERNMENT?	AN ACTIVE MILITARY	ORGANIZA	ATION OF ANY FOREIGN	
YES NO				
IF YOU INDICATED YES TO E	ITHER OF THE ABOV	E QUESTIO	NS, COMPLETE THE FOLLOWING:	
BRANCH OF SERVICE	DATE ENTER	RED	DATE SEPARATED	
SERVICE NUMBER	HIGHEST RAND ATTE	NDED	TYPE DISCHARGE	
MILITARY SPECIALITY /CLAS	SIFICATION (LIST AL	L):		
DID YOU RECEIVE A FINAL D	ISCHARGE CERTIFIC	ATE?	YES NO T	

WERE YOU EVER THE SUBJEC	T OF NONJUDICIAL PUN	ISHMENT?	YES	NO
IF YES, EXPLAIN:				
			·	
WERE YOU EVER COURT MAR	=:4: =50		`~~	
WERE YOU EVER COURT MAR IF YES, EXPLAIN:	TIALED?		YES	NO
		•		
ARE YOU NOW OR WERE YOU (ANY BRANCH) OF THE UNITE	EVER AN ACTIVE OR INA	ACTIVE MEME	BER OF THE RESE	RVE FORCES
OF ANY STATE?	JOINILO, AITT ORLIG.	1 GOVERNITE	YES	NO NO
IF YES, COMPLETE THE FOLLO	OWING:			
BRANCH	REGIMENT		UNI	T
RANK	DATE FROM		D#	ATE TO
SUPERVISING OFFICER'S	NAME	UNIT T	ELEPHONE NUMER	
COMPLETE ADDRESS:				

#### **EMPLOYMENT**

#### **CURRENT EMPLOYMENT**

RESON FOR LEAVING:

NAME	OF EMPLOYE	iR .	SUPERVISOR'S NAME		
ADDRES	ADDRESS OF EMPLOYER			SUPER	VISOR'S TELEPHONE NUMBER
YOUR CLA	ASSIFICATION	OCCUPATION			DATE OF HIRE
PREVIOUS EMPOYM EMPLOYMENT, INCL PERIODS OF EMPLO	UDING PAR	RT-TIME EMPLOYME	NT. GIVE DA	RDER, <u>EA</u> ATES OF II	CH AND EVERY PLACE OF DLENESS BETWEEN
DATE FROM			NAME OF EM	PLOYER	
DATE TO		COMPL	ETE ADDRESS	OF EMPLOY	/ER
CLASSIFICATION/OCCU	PATION	NAME OF IMMEDIA	TE SUPERVIS	OR	TELEPHONE NUMBER OF EMPLOYER
RESON FOR LEAVING:	RESON FOR LEAVING:				
DATE FROM	DATE FROM NAME OF EMPLOYER				
		-			
DATE TO		COMPL	ETE ADDRESS	OF EMPLO	YER
CLASSIFICATION/OCCU	IPATION	NAME OF IMMEDIA	ATE SUPERVIS	OR	TELEPHONE NUMBER OF EMPLOYER

DATE FROM		NAME OF EMPLOYER	
DATE TO		COMPLETE ADDRESS OF EMPL	LOYER
CLASSIFICATION/OCCU	PATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER OF EMPLOYER
RESON FOR LEAVING:			
DATE FROM		NAME OF EMPLOYER	
DATE TO		COMPLETE ADDRESS OF EMPL	LOYER
CLASSIFICATION/OCCU	PATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER OF EMPLOYER
STOCK FOR LEAVING			
RESON FOR LEAVING:			
DATE FROM		NAME OF EMPLOYER	
DATE TO		COMPLETE ADDRESS OF EMP	LOYER
	<u></u>		
CLASSIFICATION/OCCU	PATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER OF EMPLOYER
RESON FOR LEAVING:			
DATE FROM		NAME OF EMPLOYER	
DATE TO		COMPLETE ADDRESS OF EMP	LOYER
		April 1980 and 1980 a	
CLASSIFICATION/OCCU	PATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER OF EMPLOYER
RESON FOR LEAVING:			

DATE FROM	NAME OF EMPLOYER				
DATE TO	COMPLETE ADDRESS OF EMP	PLOYER			
CLASSIFICATION/OCCUPATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER OF EMPLOYER			
RESON FOR LEAVING:					
DATE FROM	NAME OF EMPLOYER				
DATE TO	COMPLETE ADDRESS OF EMP	PLOYER			
CLASSIFICATION/OCCUPATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER OF EMPLOYER			
RESON FOR LEAVING:					
DATE FROM	NAME OF EMPLOYER				
DATE TO	COMPLETE ADDRESS OF EMP	PLOYER			
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CLASSIFICATION/OCCUPATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER OF EMPLOYER			
RESON FOR LEAVING:					
DATE FROM	NAME OF EMPLOYER				
DATE TO	COMPLETE ADDRESS OF EMP	PLOYER			
CLASSIFICATION/OCCUPATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER OF EMPLOYER			
	· .				
RESON FOR LEAVING:					

DATE FROM	NAME OF EMPLOYER				
DATE TO		COMPLETE ADDRESS OF EMP	LOYER		
CLASSIFICATION/OCCU	PATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER OF EMPLOYER		
RESON FOR LEAVING:					
DATE FROM		NAME OF EMPLOYER			
DATE TO		COMPLETE ADDRESS OF EMP	LOYER		
CLASSIFICATION/OCCU	PATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER OF EMPLOYER		
		·			
RESON FOR LEAVING:					
DATE FROM		NAME OF EMPLOYER			
DATE TO		COMPLETE ADDRESS OF EMP	LOYER		
CLASSIFICATION/OCCU	IPATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER OF EMPLOYER		
	7711011	TANKE OF BRANCH OF LIGHT	The Home Home to the state of t		
RESON FOR LEAVING:					
DATE FROM	T T	NAME OF EMPLOYER			
DALET KOM		HARLOI LINI LOTER			
DATE TO		COMPLETE ADDRESS OF EMP	PLOYER PLOYER		
5: : 20/F/0 / F/0 / V0 00/1					
CLASSIFICATION/OCCU	PATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER OF EMPLOYER		
RESON FOR LEAVING:					
i					

DATE FROM		NAME OF EMPLOYER			
DATE TO		COMPLETE ADDRESS OF EMP	LOYER		
-					
CLASSIFICATION/OCC	UPATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER OF EMPLOYER		
RESON FOR LEAVING:					
DATE FROM		NAME OF EMPLOYER			
DATE TO		COMPLETE ADDRESS OF EMP	PLOYER		
CLASSIFICATION/OCC	UPATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER OF EMPLOYER		
RESON FOR LEAVING:					
DATE FROM					
DATE FROM		NAME OF EMPLOYER			
DATE TO		COMPLETE ADDRESS OF EMP	DI OVED		
DATE TO		COMPLETE ADDRESS OF EMP	LOIER		
CLASSIFICATION/OCC	UDATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER OF EMPLOYER		
CLASSIFICATION/OCC	OPATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER OF EMPLOYER		
DECON FOR LEAVING.					
RESON FOR LEAVING:					
DATE FROM		NAME OF EMPLOYER	NAME OF EMPLOYER		
DATE TO		COMPLETE ADDRESS OF EMI	PLOYER		
			·		
CLASSIFICATION/OCC	UPATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER OF EMPLOYER		
***************************************					
RESON FOR LEAVING:					
			•		
I					

WERE YOU EVER DIS	CHARED OR ASKE	D TO RESIGN FROM E	MPLOYMENT?	YES NO
F YES, EXPLAIN:				
-				
WERE YOU EVER SU F YES, EXPLAIN:	BJECT TO ANY DISC	CIPLINARY ACTION DU	JRING ANY EMPLOYMENT?	YES NO
F YES, EXPLAIN:				YES NO
HAVE YOU EVER API		THER LAW ENFORCEM	IENT AGENCY?	YES NO
LAW ENFORCEME	NT AGENCY	DATE OF APPLICATION	STATUS OF APPL	ICATION
	-			

#### **REFERENCES - ASSOCIATES**

PROVIDE THE REQUIRED INFORMATION FOR EIGHT REFERENCES (A PERSON TO WHOM INQUIRES AS TO CHARACTER OR ABILITY CAN BE MADE) AND THREE ASSOCIATES (FRIENDS) AS INDICATED. PLEASE NOTE YOU MUST HAVE KNOWS THESE INDIVIDUALS FOR AT LEAST 18 MONTHS.

REFERENCES:		
NAME OF REFERENCE	TELEPHONE NUMBER	YEARS KNOWN
OMPLETE ADDRESS		
NAME OF REFERENCE	TELEPHONE NUMBER	YEARS KNOWN
OMPLETE ADDRESS		
NAME OF REFERENCE	TELEPHONE NUMBER	YEARS KNOWN
COMPLETE ADDRESS		<u>l</u>
NAME OF REFERENCE	TELEPHONE NUMBER	YEARS KNOWN
OMPLETE ADDRESS		
NAME OF REFERENCE	TELEPHONE NUMBER	YEARS KNOWN
COMPLETE ADDRESS		
COMPLETE ADDRESS		
NAME OF REFERENCE	TELEPHONE NUMBER	YEARS KNOWN

NAME OF REFERENCE	TELEPHONE NUMBER	YEARS KNOWN
COMPLETE ADDRESS		
NAME OF REFERENCE	TELEPHONE NUMBER	YEARS KNOWN
COMPLETE ADDRESS		
COMPLETE ADDRESS		
ASSOCIATES:		
NAME OF REFERENCE	TELEPHONE NUMBER	YEARS KNOWN
COMPLETE ADDRESS	_L	
NAME OF REFERENCE	TELEPHONE NUMBER	YEARS KNOWN
COMPLETE ADDRESS	<u> L</u>	
NAME OF REFERENCE	TELEPHONE NUMBER	YEARS KNOWN
THE STATE OF THE STATE OF	HORIDEN	, with moth
COMPLETE ADDRESS	•	

#### **CRIMINAL/TRAFFIC**

CRIMINAL SECTION INSTRUCTIONS: ALL VIOLATIONS ARE TO BE LISTED, REGARDLESS OF AGE, INCLUDING JUVENILE DELINQUENCY CHARGES, VIOLATIONS OF FISH AND GAME LAWS, VIOLATION OF THE DISORDERLY PERSONS ACT OR CITY ORDINANCE, AND ANY ARRESTS, INDICTMENTS OR CONVICTIONS FOR VIOLATION OF THE CRIMINAL LAWS. IF YOU WERE FOUND NOT GUILTY, THE CHARGE WAS DISMISSED, THE CASE WAS NOLLE PROSSED, OR YOU SUCCESSFULLY COMPLETED PROBATION OF ANY TYPE, YOU MUST STILL FURNISH INFORMATION RELATING TO EACH CHARGE.

DATE	AGE	VIOLATION (ACTUAL CHARGE)
POLICE A	GENCY	DISPOSITION OF CHARGE
DATE	AGE	VIOLATION (ACTUAL CHARGE)
POLICE A	GENCY	DISPOSITION OF CHARGE
DATE	AGE	VIOLATION (ACTUAL CHARGE)
DATE		VIOLATION (ACTUAL CHARGE)
POLICE A	GENCY	DISPOSITION OF CHARGE
DATE	AGE	VIOLATION (ACTUAL CHARGE)
POLICE A	GENCY	DISPOSITION OF CHARGE
TOLICEA	GENOT	DIGITORI OF OTRICE
DATE	AGE	VIOLATION (ACTUAL CHARGE)
POLICE A	GENCY	DISPOSITION OF CHARGE
<u></u>		
DATE	AGE	VIOLATION (ACTUAL CHARGE)
POLICE A	GENCY	DISPOSITION OF CHARGE

DATE	AGE	VIOLATION (ACTUAL CHARGE)
POLICE A	GENCY	DISPOSITION OF CHARGE
DATE	AGE	VIOLATION (ACTUAL CHARGE)
POLICE A	GENCY	DISPOSITION OF CHARGE
·	:	
DATE	AGE	VIOLATION (ACTUAL CHARGE)
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POLICE A	GENCY	DISPOSITION OF CHARGE
DATE	AGE	WOLATION (ACTUAL CHARGE)
DATE	AGL	VIOLATION (ACTUAL CHARGE)
POLICE A	OFNOV.	DISPOSITION OF CHARGE
POLICE A	GENCY	DISPOSITION OF CHARGE
DATE	AGE	VIOLATION (ACTUAL CHARGE)
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POLICE A	GENCY	DISPOSITION OF CHARGE
DATE	AGE	VIOLATION (ACTUAL CHARGE)
POLICE A	GENCY	DISPOSITION OF CHARGE
DATE	AGE	VIOLATION (ACTUAL CHARGE)
POLICE A	AGENCY	DISPOSITION OF CHARGE
	1 40- 1	
DATE	AGE	VIOLATION (ACTUAL CHARGE)
POLICE A	AGENCY	DISPOSITION OF CHARGE
1	ı	

	AD A RECO	RD EXPUNGED?		YES		NO
HAVE YOU EVER B PRIVATE SECURITY IF YES, COMPLETE	Y AGENCY F	OR ANY RESON?	NVESTIGATED BY AN	Y LAW ENFOR		NO
DATE	AGE		VIOLATION (A	CTUAL CHARGES	<u> </u>	
			TODA (A	OTONE OFFICE	,	
POLICE AGEN	CŸ		DISPOSITIO	N OF CHARGE		
DATE	AGE		VIOLATION (A	CTUAL CHARGES	)	
POLICE AGEN	CY		DISPOSITIO	N OF CHARGE		
ANY TRAFFIC VIOL	IMONS OR 1 .ATIONS/OF	RAFFIC CITATION FENSES OR LOCA	S ("TICKETS"), INCLU L ORDINANCES. LIS	JDING PARKIN FANY NON-PA	G TICKETS FO YMENT OF	PR
DRIVERS LICENSE	DRIVERS LICENSE NUMBER					
	NUMBER		STATE	EXPI	RATION DATE	
	***************************************		STATE	EXPI	RATION DATE	
AUTOMOBILE REGISTR	***************************************	E PLATE NUMBER	STATE  INSURANCE COMP		RATION DATE	NUMBER
AUTOMOBILE REGISTR	***************************************	E PLATE NUMBER	:			NUMBER
	ATION/LICENS		INSURANCE COMP	ANY INS	URANCE POLICY	
AUTOMOBILE REGISTR  IS YOUR DRIVER'S IF NO, EXPLAIN:	ATION/LICENS		INSURANCE COMP		URANCE POLICY	NUMBER NO
IS YOUR DRIVER'S	ATION/LICENS		INSURANCE COMP	ANY INS	URANCE POLICY	
IS YOUR DRIVER'S	ATION/LICENS		INSURANCE COMP	ANY INS	URANCE POLICY	
IS YOUR DRIVER'S	ATION/LICENS		INSURANCE COMP	ANY INS	URANCE POLICY	
IS YOUR DRIVER'S	ATION/LICENS		INSURANCE COMP	ANY INS	URANCE POLICY	
IS YOUR DRIVER'S	ATION/LICENS		INSURANCE COMP	ANY INS	URANCE POLICY	

ARE THERE RESTRIC	CTIONS ON YOUR DRIVER'S LIC	CENSE? Y	ES	NO
IF YES, EXPLAIN:				
HAS YOUR DRIVER'S IF YES, EXPLAIN:	S LICENSE EVER BEEN SUSPE	NDED Y	ES	NO
	LD A DRIVER'S LICENSE WITH	Y	ES	NO DNS, ETC.
LIST ALL TRAFFIC V	IOLATIONS:			
DATE OF OFFENSE	VIOLATION	DISPOSITION	POLICE /	AGENCY INVOLVED
· · · · · · · · · · · · · · · · · · ·				
	·			

#### **CREDIT**

NO:

#### HAVE YOU EVER HAD A CHECKING AND/OR SAVINGS ACCOUNT?

YES:

IF YES, COMPLETE T	THE FOLLOWING:				
CHECKING ACCOU	INT INFORMATION	SAVING	S ACCOUNT	INFORMATION	
Account Number	Institution	Account Number		Institution	
HAVE YOU EVER HA	D A CREDIT CARD, CHARG	GE OR LOAN ACCOUN	TS?		
IF YES, COMPLETE 1			1.		
Active/Inactive	Type of Loan/Credit Card	Account Number		Telephone Number	
Company Name		Complete Address			
Original Amount	Present Balance	Monthly Payment	Have Payme	yments Been Late?	
			<b>-</b>		
Active/Inactive	Type of Loan/Credit Card	Account Number		Telephone Number	
Company Name					
Company Name		Complet	te Address		
Original Amount	Present Balance	Monthly Payment	Have Payme	ents Been Late?	
Active/Inactive	T	T			
Acuve/macuve	Type of Loan/Credit Card	Account Number		Telephone Number	
Company Name		Complet	te Address		
			*	######################################	
Original Amount	Present Balance	Monthly Payment	Have Dove	ents Been Late?	
		monusy i dyment	Tiave Fayiii	ente neen rate (	
	1	I	1		

Active/Inactive	Type of Loan/Credit Card	Account Number		Telephone Number
Camanana				
Company Name		Complete Address		
•				
Original Amount	Present Balance	Monthly Payment Have Payr		ents Been Late?
			Tiave Layin	Citto Decir Late:
Active/Inactive	Type of Loan/Credit Card	Account Number		Telephone Number
Company Name		· Committee	A	
Company Name		Complete	Address	
Original Amount	Present Balance	Monthly Payment	Have Payme	ents Been Late?
**************************************			<u> </u>	
				·
Active/Inactive	Time of Lean/One 24 One 1			
Acave/macuve	Type of Loan/Credit Card	Account Number		Telephone Number
Company Name		Complete	Address	
		Complete	ridarcoo	
·				
Original Amount	Present Balance	Monthly Payment	Have Payme	ents Been Late?
		·		
Active/Inactive	Type of Loan/Credit Card	Account Number		Tolonhone Niverbox
	- Spe as weath of our out	7 TOOOGIE IYGIIDGE		Telephone Number
Company Name		Complete Address		
			· · · · · · · · · · · · · · · · · · ·	
Original Amount	Present Balance	Monthly Payment	Have Payme	ents Been Late?
			1	

ent Balance  Loan/Credit Card  ent Balance	Monthly Payment  Account Number  Complete	Address  Have Payments Been Late?  Telephone Number  Address  Have Payments Been Late?
Loan/Credit Card	Monthly Payment  Account Number  Complete	Have Payments Been Late?  Telephone Number  Address
Loan/Credit Card	Account Number Complete	Telephone Number Address
Loan/Credit Card	Account Number Complete	Telephone Number Address
	Complete	Address
	Complete	Address
	Complete	Address
ent Balance		
ent Balance	Monthly Payment	Have Payments Been Late?
ent Balance	Monthly Payment	Have Payments Been Late?
Loan/Credit Card	Account Number	Telephone Number
Company Name		e Address
ent Balance	Monthly Payment	Have Payments Been Late?
		.1.
Loan/Credit Card	Account Number	Telephone Number
	Complet	e Address
L		
		Complete

### ARE YOU LISTED AS A CO-SIGNER ON AN OUTSTANDING LOAN?

	163:	NO:		
IF YES, PLEASE EXPL	_AIN:			
				<del></del>
HAVE YOU EVER HAD	A LIEN OR JU	JDGMENT FILED AGAINST Y	OU?	
	YES:	NO:		
IF YES, PLESE EXPLA	IN:			
HAVE YOU EVER HAD	SOMETHING	REPOSSESSED?		
	YES:	NO:		
IF YES, PLEASE EXPL	AIN:			
HAVE YOU EVER BEE	N SUED OR IN	NVOLVED IN CIVIL LITIGATIO	N?	
	YES:	NO:		
IF YES, PLEASE EXPL	AIN:			······································
HAVE YOU EVER DEC	LARED BANK	RUPTCY?		
	YES:	NO:		
IF YES, PLEASE EXPL	_AIN:		***************************************	

#### **RESIDENCY**

IN CHRONOLOGICAL ORDER (STARTING WITH YOUR CURRENT ADDRESS), LIST EACH AND EVERY PLACE WHERE YOU HAVE RESIDED SINCE BIRTH. INDICATE IF YOU RENTED, OWNED OR OTHER (EXPLANATION NECESSARY). IF RENTED, YOU MUST LIST THE NAME AND TELEPHONE NUMBER OF LANDLORD

From	То	··· ·· · · · · · · · · · · · · · · · ·			
Month/Year	Month/Year	Complete Address (Street, Apartment Number, City, State, Zip Code)			
Own	Rent				
Name	of Landlord		Telephone Number of Landlord		
From	То				
Month/Year	Month/Year	Complete Address (S	treet, Apartment Number, City, State, Zip Code)		
		oompioto Additioo (o	reat, Apartment Hamber, Oily, Guito, Elp Goue)		
Own	Rent				
Name	of Landlord		Telephone Number of Landlord		
	······································				
From	То				
Month/Year	Month/Year	Complete Address (S	Street, Apartment Number, City, State, Zip Code)		
0	Rent				
Own	. Kent				
Name of Landlord			Telephone Number of Landlord		
L			<u> </u>		
From	То				
Month/Year	nth/Year   Month/Year   Complete Address (Street, Apartment Number, City, State, Zip Code)				
Own	Rent				
Name	of Landlord		Telephone Number of Landlord		
i					

yes	T		
From	То		
Month/Year	Month/Year	Complete Address (S	treet, Apartment Number, City, State, Zip Code)
Own	Rent		
Name	of Landlord	-	Telephone Number of Landlord
IVAITIC	O Landiolu		relephone Number of Landiord
From	То		
Month/Year	Month/Year	Complete Address (S	treet, Apartment Number, City, State, Zip Code)
Own	Rent	***************************************	
Nama	of Landlard		Telephone Number of Landlord
Name of Landlord			i elennone klimner of i andlord
			- Total Profile Harmaci Or Editatora
			- Totophone Hamber of Earland
			Totophone Hamber of Earland
From	То		
From Month/Year		Complete Address (S	treet, Apartment Number, City, State, Zip Code)
	То	Complete Address (S	
Month/Year Own	To Month/Year Rent	Complete Address (S	treet, Apartment Number, City, State, Zip Code)
Month/Year Own	To Month/Year	Complete Address (S	
Month/Year Own	To Month/Year Rent	Complete Address (S	treet, Apartment Number, City, State, Zip Code)
Month/Year Own Name	To Month/Year Rent	Complete Address (S	treet, Apartment Number, City, State, Zip Code)
Month/Year Own	To Month/Year Rent		treet, Apartment Number, City, State, Zip Code)
Own Name From Month/Year	To Month/Year  Rent of Landlord  To Month/Year		treet, Apartment Number, City, State, Zip Code)  Telephone Number of Landlord
Own Name	To Month/Year Rent of Landlord		treet, Apartment Number, City, State, Zip Code)  Telephone Number of Landlord

#### **MISCELLANEOUS**

NO:

HAVE YOU EVER POSSESSED ANY PISTOL, FIREARM PERMIT, FIREARMS ID CARD DEALER'S LICENSE IN THIS OR ANY OTHER STATE?

YES:

l l			
Permit Number	Dealer's Lice	ense Number	Issuing Agency
			localing Algoricy
HAVE YOU EVER TRIED, USE	ED OR EXPERIMENTE	D WITH ANY ILLEG	AL OR CONTROLLED SUBSTANCE
	YES:	NO:	
IF YES, GIVE FULL DETAILS	(INCLUDING APPROX	IMATE YEAR, DRU	G, AMOUNT, ETC.):
	·		
HAVE YOU EVER SOLD ANY	ILLEGAL OR CONTR	OLLED SUBSTANC	E?
	YES:	NO:	
IF YES, GIVE FULL DETAILS	(INCLUDING APPROX	IMATE YEAR, DRU	G, AMOUNT, ETC.):
		**************************************	
	***************************************	······································	
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